

Editorial

Scaphotrapeziotrapezoid OsteoarthritisToshiyasu Nakamura, MD, PhD¹¹ Department of Orthopaedic Surgery, School of Medicine,
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Isolated scaphotrapeziotrapezoid (STT) osteoarthritis (OA) increases with age. Symptomatic patients experience pain on the radial side of the wrist and the base of the thumb, limited range of motion of the wrist and thumb, and decreased grip and pinch strength. In daily clinical practice, when conservative treatment fails, surgical treatment is required. There are several treatment options available for STT OA, although literature does not clearly indicate which treatment is better. The “special review” of this issue concerns “Current trends in operative treatment of STT OA: a survey among European hand surgeons” by Berkhout et al. Authors performed a survey for the members of the Federation of European Societies for Surgery of the Hand to focus on the preferred surgical procedure, frequency of practice, and decision-making. The participating hand surgeons of Europe mentioned

trapeziectomy with partial trapezoidal excision as the surgical treatment of choice (38%), followed by STT joint fusion (30%), and distal scaphoid excision (14%). They also found that a wide variety of preferred treatment techniques was prevalent across Europe. This is considered the first step in deciding the optimal treatment for STT OA. Prospective randomized control trials are required in future.

Interesting wrist papers such as those on biomechanics of distal metaphyseal osteotomy of the ulna, thumb carpometacarpal (CMC) joint, treatment for delayed/nonunion of the scaphoid, complications of wrist arthroplasty, natural history of the scaphoid based on arthroscopic observation, bridge plate versus external fixator treatment for distal radius fracture, and treatment technique for hamate fracture, as well as interesting case reports are also included in this issue. Do not miss it!

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